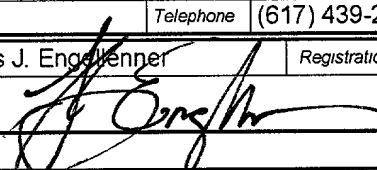



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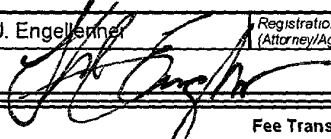
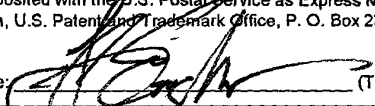
Please type a plus sign (+) inside this box ☒ Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 102729-0010	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Kimberly A. Gillis, Ph.D.	
		Title EXPRESSION ANALYSIS OF KIAA, etc.	
		Express Mail Label No. EL684299628US	
APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application U.S. Patent and Trademark Office P. O. Box 2327	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 93] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
		c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 5] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Unexecuted (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other Limited Recognition Under 37 CFR §10.9(b) Check No. 18507 in the amount of \$2,264.00	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021125 or <input type="checkbox"/> Correspondence address below	
Name NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner			
Address One International Place			
City Boston		State MA	Zip Code 02110-2699
Country US		Telephone (617) 439-2000	Fax (617) 310-9000
Name (Print/Type) Thomas J. Engellenner		Registration No. (Attorney/Agent) 28,711	
Signature 		Date November 28, 2001	
Transmittal-New Utility Patent Application I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL684299628US, in an envelope addressed to: Box Patent Application, U.S. Patent and Trademark Office, P. O. Box 2327, Arlington, VA 22202, on the date shown below. Dated: November 28, 2001 Signature:  (Thomas J. Engellenner)			

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Application claims small entity status See 37 CFR 1.27		Application Number	Not Yet Assigned
		Filing Date	New Application
		First Named Inventor	Kimberly A. Gillis, Ph.D.
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$) 2,624.00		Attorney Docket No.	102729-0010

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																	
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<input type="checkbox"/> Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																																			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas J. Engellennner	Registration No (Attorney/Agent)	28,711
Signature		Telephone	(617) 439-2948
		Date	November 28, 2001
Fee Transmittal			
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL684299628US, in an envelope addressed to: Box Patent Application, U.S. Patent and Trademark Office, P. O. Box 2327, Arlington, VA 22202, on the date shown below.			
Dated: November 28, 2001	Signature:  (Thomas J. Engellennner)		

098607 *See* 098605

APPLICATION NUMBER: 09/996630

Terminal Operator Haileyesus